



**SARDAR
PATEL HOSPITAL
& HEART INSTITUTE**

Name : A. L. Patil, Ankleshwar
Date : 8/13/24
Age : 30 Sex : M

No complaints

Rp

Tab: Torvacon 10mg

001 — (30)
AD

P- 75mm
BP- 130/80
SpO₂ 97%

Chinai

Chinai



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Ahmed Kulkarni UHID Number: - 824-3039

Consultant Name: - Dr. Vivek Chaudhary Date: - 8/13/24 Start Time: - 5:00 Age: - 30 (Years)

Sex: - M (M/F)

Height: - 174 cms, Weight: - 84 kgs. Temp. -, Pulse: - 92 (Per minute), SPO2 97%

B.P. :- 130/90 (mm of Hg), RBS:- - First Visit / Follow Up
Visit: First visit

Nursing Staff Name & Signature: - Kaishah Patel End Time:-

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:-

Family History:-

Nutritional Screening:-

Psychosocial Assessment:-

Immunization Status:-

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

Diagnosis:-

Investigations and Advice:-



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Amit Kumar UHID Number: - 3039

Consultant Name: Dr. Kalpesh Vadodariya Date: 8-3-24 Start Time: - 5 PM Age: - 30 (Years)

Sex: - M (M/F)

Height: - 174 cms, Weight: - 89 kgs. Temp. - 98, Pulse: - 85 (Per minute), SPO2 - 92

B.P.: - 120/80 (mm of Hg), RBS: - — First Visit / Follow Up
Visit: first visit

Nursing Staff Name & Signature: - Sudher S. Jishi End Time: -

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other: - NO

Family History: - —

Nutritional Screening: - —

Psychosocial Assessment: - —

Immunization Status: - —

To be filled by Clinician) Start Time: -

Clinical Findings: -

close to health check

(10)

ptt - soft
not tender
BPP

Diagnosis: -

Investigations and Advice: -

USG abdomen



LABORATORY REPORT



Name : **Mr AMIT KUMAR** Sex/Age : **Male / 30 Years** Case ID : **40308000385**
 Ref. By : **Mediwheel Full Body Health Checkup** Dis. At : Pl. ID :
 Bill. Loc. : **Health packages** Pt. Loc. :
 Reg Date and Time : **08-Mar-2024 09:27** Sample Type : **Whole Blood EDTA,Plasma Fluoride F,Plasma Fluoride PP** Mobile No. :
 Sample Date and Time : **08-Mar-2024 09:27** Sample Coll. By : **non** Ref Id1 :
 Report Date and Time : **08-Mar-2024 14:24** Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin <i>Photometric Method</i>	16.2	G%	13.00 - 17.00	
RBC (Electrical Impedance)	5.27	millions/cumm	4.50 - 5.50	
PCV(Calc)	49.12	%	40.00 - 50.00	
MCV (RBC histogram)	93.2	fL	83.00 - 101.00	
MCH (Calc)	30.7	pg	27.00 - 32.00	
MCHC (Calc)	33.0	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	11.80	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT

Total WBC Count	8320	/μL	4000.00 - 10000.00	
Neutrophil	65	%	40.00 - 70.00	
Lymphocyte	26	%	20.00 - 40.00	
Eosinophil	03	%	1.00 - 6.00	
Monocytes	06	%	2.00 - 10.00	
Basophil	00	%	0.00 - 2.00	
Neutrophil <i>Calculated</i>	5408	/μL	2000.00 - 7000.00	
Lymphocyte <i>Calculated</i>	2163	/μL	1000.00 - 3000.00	
Eosinophil <i>Calculated</i>	250	/μL	20.00 - 500.00	
Monocyte <i>Calculated</i>	499	/μL	200.00 - 1000.00	
Basophil <i>Calculated</i>	0	/μL	0.00 - 100.00	

PLATELET COUNT

Platelet Count	247000	/μL	150000.00 - 410000.00	
MPV	8.70	fL	6.5 - 12	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Shweta Patel
Dr. Shweta Patel
 Consultant Pathologist

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LABORATORY REPORT



Name : Mr AMIT KUMAR	Sex/Age : Male / 30 Years	Case ID : 40308000385
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 08-Mar-2024 09:27	Sample Type : Whole Blood EDTA, Plasma Fluoride F, Plasma Fluoride PP	Mobile No. :
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PDW H 16.1 9 - 16
ESR 10 mm after 1hr 3 - 15
Westergren Method

Method:
TLC-SF cube technology(Flow Cytometry+ fluorescence).
DC by microscopy,
Platelet count by electrical impedance+/-SF cube technology

BIOCHEMICAL INVESTIGATIONS

Plasma Glucose - F <i>Photometric, Hexokinase</i>	99.53	mg/dL	70 - 100	FUS: NIL
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	80.20	mg/dL	70 - 140	PPUS: NIL

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Consultant Pathologist

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LABORATORY REPORT



Name : Mr AMIT KUMAR	Sex/Age : Male / 30 Years	Case ID : 40308000385
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 08-Mar-2024 09:27	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 08-Mar-2024 09:27	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Mar-2024 11:15	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

**BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)
(Both Forward and Reverse Group)**

ABO Type	O
Rh Type	POSITIVE

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)

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Consultant Pathologist
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Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 08-Mar-2024 09:27	Sample Type : Whole Blood EDTA	Mobile No. : -
Sample Date and Time : 08-Mar-2024 09:27	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Mar-2024 11:13	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C <i>Immunoturbidimetric</i>	5.1	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	99.67	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycaemic control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb[CC,SS,EE,SC] HbA1c can not be quantitated as there is no HbA.
In such circumstances glycaemic control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note (LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)

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Consultant Pathologist
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LABORATORY REPORT



Name : Mr AMIT KUMAR	Sex/Age : Male / 30 Years	Case ID : 40308000385
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 08-Mar-2024 09:27	Sample Type : Serum	Mobile No. :
Sample Date and Time : 08-Mar-2024 09:27	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Mar-2024 10:43	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H	238.89	mg/dL	110 - 200
HDL Cholesterol	L	31.4	mg/dL	40 - 60
Triglyceride <i>GPO-POD</i>		114.45	mg/dL	40 - 200
VLDL <i>Calculated</i>		22.89	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	7.61		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	184.60	mg/dL	0.00 - 100.00

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 08-Mar-2024 09:27	Sample Type : Serum	Mobile No. :
Sample Date and Time : 08-Mar-2024 09:27	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Mar-2024 10:43	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>IFCC</i>	40.34	U/L	0 - 63	
S.G.O.T. <i>IFCC</i>	25.23	U/L	15 - 37	
Alkaline Phosphatase <i>Modified IFCC method</i>	108.70	U/L	40 - 150	
Proteins (Total) <i>Buret</i>	7.34	g/dL	6.4 - 8.2	
Albumin <i>Bromo Cresol Green</i>	4.58	g/dL	3.4 - 5.0	
Globulin <i>Calculated</i>	2.76	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.7		1.0 - 2.1	
Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i>	0.44	mg/dL	0.2 - 1.0	
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.18	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.26	mg/dL	0 - 0.8	

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LABORATORY REPORT



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Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	PL ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 08-Mar-2024 09:27	Sample Type : Serum	Mobile No. :
Sample Date and Time : 08-Mar-2024 09:27	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Mar-2024 11:13	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Renal Function Test

Urea <i>Urease/GLDH</i>	25.16	mg/dL	19.01 - 44.1	
Creatinine <i>Jaffe compensated</i>	0.74	mg/dL	0.70 - 1.30	
Uric Acid <i>Uricase-Peroxidase method</i>	5.77	mg/dL	3.5 - 7.2	
Sodium <i>ISE</i>	137.4	mmol/L	136 - 145	
Potassium <i>ISE</i>	4.51	mmol/L	3.5 - 5.1	
Chloride <i>ISE</i>	101.9	mmol/L	98 - 107	
Calcium <i>Arsenazo III</i>	10.02	mg/dL	8.4 - 10.2	

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

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Consultant Pathologist

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LABORATORY REPORT



Name : Mr AMIT KUMAR	Sex/Age : Male / 30 Years	Case ID : 40308000385
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 08-Mar-2024 09:27	Sample Type : Serum	Mobile No. :
Sample Date and Time : 08-Mar-2024 09:27	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Mar-2024 10:43	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Thyroid Function Test

Triiodothyronine (T3) <i>ECLIA</i>	1.16	ng/mL	0.70 - 2.04	
Thyroxine (T4) <i>ECLIA</i>	8.55	µg/dL	4.6 - 10.5	
TSH <i>ECLIA</i>	2.420	µIU/mL	0.40 - 4.20	

INTERPRETATIONS

Useful for Monitoring patients on thyroid replacement therapy, Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism.

The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Concentrations of 5.1 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone.

Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel
Consultant Pathologist

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LABORATORY REPORT



Name : Mr AMIT KUMAR	Sex/Age : Male / 30 Years	Case ID : 40308000385
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	PL ID :
Bill. Loc. : Health packages		PL. Loc. :
Reg Date and Time : 08-Mar-2024 09:27	Sample Type : Spot Urine	Mobile No. :
Sample Date and Time : 08-Mar-2024 09:27	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Mar-2024 11:13	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)				

Physical examination

Colour : Pale yellow
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.025		1.003 - 1.035
pH	6.5		4.6 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	1-2	/HPF	Present(+)
Bacteria	Nil	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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 Consultant Pathologist

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LABORATORY REPORT



Name : **Mr AMIT KUMAR** Sex/Age : **Male / 30 Years** Case ID : **40308000385**
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 Bill. Loc. : **Health packages** Pt. Loc :
 Reg Date and Time : **08-Mar-2024 09:27** Sample Type : **Spot Urine** Mobile No. :
 Sample Date and Time : **08-Mar-2024 09:27** Sample Coll. By : **non** Ref Id1 :
 Report Date and Time : **08-Mar-2024 11:13** Acc. Remarks : Ref Id2 :

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Pending Services
Stool Examination

----- End Of Report -----

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel

Consultant Pathologist

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Patient Name:	AMIT KUMAR	Age /Sex:	30YRS/M
Patient ID:	OP-3039	Date :	08/03/2024
Referred By:	HEALTH CHEKUP	Modality:	X-RAY

X-RAY CHEST PA.

- Both Lung fields appear normal
No evidence of any collapse / consolidation.
- Both Hila appear normal.
No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- Both hemi diaphragm appears normal
- Bony cage appear normal.

IMPRESSION:

**No significant abnormality detected. .
Suggest clinical correlation.**



**Dr. HANSA RATHWA
MD (Radio Diagnosis)**

Disclaimer-It is of medical imaging based on the available clinical data., so this report cannot be utilized for any medico legal purpose/ certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests.

Patient Name:	AMIT KUMAR	Age / Sex:	30YRS/M
Patient ID:	OP-3039	Date :	08/03/2024
Referred By:	HEALTH CHEKUP	Modality:	USG

USG ABDOMEN & PELVIS

LIVER : normal in size shape and normal echotexture.No focal solid or cystic mass seen.
Portal & biliary radicals normal.
PV & CBD normal.
G.B. : well distended & normal. No stone or inflammation seen.
HEAD AND BODY OF PANCREAS : reveals normal echotexture. No mass, calcification or pancreatitis.
Tail of pancreas : Obscure by bowel gas.
SPLEEN : Normal size,107 mm & reveals normal echotexture. No other focal mass seen.
BOTH KIDNEY : RK: 100 X 40 mm LK : 111 X 45 mm
Both kidneys are normal size with normal cortical thickness.
No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.
C.M differentiation is preserved. No parenchymal abnormality seen.
U. BLADDER : minimal distended..
PROSTATE: Normal in size & echotexture.No mass or calcification seen.
BOWEL LOOPS : peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).
No free fluid seen. No enlarged lymphnodes seen.

IMPRESSION:

No significant abnormality detected
Suggest clinical correlation



DR HANSA RATHWA
MD(Radio Diagnosis)

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OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Amit Kumar UHID Number: 02U-3039

Consultant Name: Dr. Shaaya Date: 8/3/24 Start Time: - 9:13 Age: 30 (Years)

Sex: - M (M/F) Shah

Height: 174 cms, Weight: 89 kgs. Temp. 100, Pulse: - 88 (Per minute), SPO2 99.5

B.P.: 120/80 (mm of Hg), RBS:- _____ First Visit / Follow Up
Visit: First visit

Nursing Staff Name & Signature: - [Signature] End Time:- _____

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

C/OG routine check up

Other:-

UCVA $\left\{ \begin{array}{l} 8/6 \\ 6/6 \end{array} \right.$

Family History:-

Nutritional Screening:-

Psychosocial Assessment:-

Immunization Status:-

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

BS ASOME

F WOME

Diagnosis:-

Kloamal

Investigations and Advice:-